

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2	/					
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TOTAL IND.	/		↓		↓	
TOTAL DEP.	/		↔	↔	↔	↔
TOTAL CLAIMS	2					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.			↔	↔	↔	↔
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY